

| POSITION                  | INITIALS | ID NO.   | DATE     |
|---------------------------|----------|----------|----------|
| FEES DETERMINATION        | DT       | 10-17-00 |          |
| O.I.P.E. CLASSIFIER       |          | 1/3      | 10/17/00 |
| FORMALITY REVIEW          | CL       | 823      | 11/17/07 |
| RESPONSE FORMALITY REVIEW | CH       | 676      | 04/10/00 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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| Final    |      |
| Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy